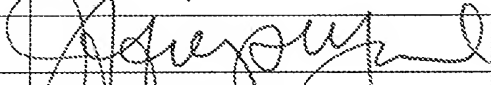


Request for Continued Examination (RCE) Transmittal Address to: Commissioner for Patents U.S. Patent and Trademark Office Customer Service Window, Mail Stop RCE Randolph Building, 401 Dulany Street Alexandria, VA 22314	Application No.	10/549,312
	Filing Date	September 16, 2003
	First Named Inventor	NAVARRO et al.
	Group Art Unit	3767
	Examiner Name	E. Wachtel
	Attorney Docket No.	403504

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1. Submission required under 37 CFR 1.114 a. <input type="checkbox"/> Previously submitted i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on (Any unentered amendment(s) referred to above will be entered.) ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on b. <input checked="" type="checkbox"/> Enclosed i. <input checked="" type="checkbox"/> Amendment/Reply ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iii. <input type="checkbox"/> Form PTO-1449 vi. <input type="checkbox"/> Copies of References listed in Form PTO-1449 (except for U.S. patents and applications)																																														
2. Miscellaneous a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(l) required.) b. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27																																														
3. Fees - The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. a. <input checked="" type="checkbox"/> Please charge Deposit Account No. 12-1216 in the total amount indicated below. (A duplicate copy of this communication is enclosed for that purpose, unless submitted via EFS-Web.) i. <input checked="" type="checkbox"/> RCE fee of \$405.00 (small entity) required under 37 CFR 1.17(e) \$405.00 ii. <input checked="" type="checkbox"/> One-month extension of time fee of \$60.00 (37 CFR 1.136 and 1.17) \$60.00 iii. <input type="checkbox"/> An extension for _____ has already been secured and the fee paid therefor of \$ 0.00 is deducted from the total fee due for the total amount of extension now requested. iv. <input checked="" type="checkbox"/> Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee. v. <input checked="" type="checkbox"/> Claim fee \$105.00																																														
<table border="1"> <thead> <tr> <th>CLAIM FEE</th> <th>CLAIMS REMAINING AFTER AMENDMENT</th> <th></th> <th>HIGHEST NUMBER PREVIOUSLY PAID FOR</th> <th>EXTRA CLAIMS PRESENT</th> <th>RATE</th> <th>ADD'L CLAIM FEE</th> <th>RATE</th> <th>ADD'L CLAIM FEE</th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td>18</td> <td>MINUS</td> <td>20</td> <td>= 0</td> <td>x 25 =</td> <td></td> <td>x 50 =</td> <td></td> </tr> <tr> <td>INDEPENDENT</td> <td>4</td> <td>MINUS</td> <td>3</td> <td>= 1</td> <td>x 105 =</td> <td>\$105.00</td> <td>x 210 =</td> <td></td> </tr> <tr> <td colspan="5"><input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIM</td> <td>+ 185 =</td> <td></td> <td>+ 370 =</td> <td></td> </tr> <tr> <td colspan="8" style="text-align: right;">Total amount to be charged to Deposit Account</td> <td>\$570.00</td> </tr> </tbody> </table>	CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE	TOTAL	18	MINUS	20	= 0	x 25 =		x 50 =		INDEPENDENT	4	MINUS	3	= 1	x 105 =	\$105.00	x 210 =		<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIM					+ 185 =		+ 370 =		Total amount to be charged to Deposit Account								\$570.00	
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b. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216. (A duplicate copy of this communication is enclosed for that purpose, unless submitted via EFS-Web.)																																														

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	Jeffrey A. Wyand	Registration No. (Attorney/Agent)	29,458
Signature		Date	Sept 3, 2008
Address	Leydig, Voit & Mayer 700 Thirteenth Street, NW #300 Washington, DC 20005	Phone	(202) 737-6770 (telephone) (202) 737-6776 (facsimile)